

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							51
2		✓					52
3		✓					53
4		✓					54
5		✓					55
6	✓						56
7		✓					57
8		✓					58
9		✓					59
10	✓						60
11	✓						61
12		✓					62
13	✓						63
14		✓					64
15		✓					65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	5						TOTAL IND.
TOTAL DEP.	10						TOTAL DEP.
TOTAL CLAIMS	15						TOTAL CLAIMS